

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

1021
Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9733	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Festus W JOYCE P O Box Bldg Room No if any Street 109 Union St City West Bridgewater State MA ZIP Code + 4 02379	4 Name file number and address of labor organization Name SHEETMETAL WORKERS AFL-CIO LU 17 Labor Organization File Number 002-713 P O Box Building and Room Number if any Street 1157 Adams Street City Dorchester State Massachusetts ZIP Code + 4 02124 5710
5 Position in labor organization	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Festus W. Joyce

On

8-12-05

Date

617-898-6356

Telephone Number

1083

Name of Person Filing <i>Festus W. Joyce</i>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name *Daley & George LTD*

Trade Name if any

P O Box Bldg Room No if any

Street

City *Chicago*

State *IL* ZIP Code + 4 *60674*

9 Business deals with

a Labor Organization

☒ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

meeting / Dinner Cruise
8-19-04

11 b Approximate dollar value of such dealing

177.00

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment

Name of Person Filing <u>Festus W. Joyce</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>Amalgamated Bank</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City <u>CHICAGO</u> State <u>IL</u> ZIP Code + 4 <u>60674</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization b Trust c Employer
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10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <div style="border: 1px solid black; padding: 10px; margin: 5px;"> <u>Business Meeting 8-04</u> <u>Baseball Game</u> </div> 11 b Approximate dollar value of such dealing <u>10400</u> 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; margin: 5px;"></div> 12 b Amount 1
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C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; margin: 5px;"></div> 14 b Amount of payment
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing <u>Festus W Joyce</u>	File Number <u>U</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>ABN Amco</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>2477 Paysthere Circle</u></p> <p>City <u>Chicago</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60679</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <u>Investment Meeting</u> <u>BASEBALL Game</u> <u>8-04</u> </div> <p>11 b Approximate dollar value of such dealing <u>184.00</u></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; height: 100px; margin: 5px;"></div> <p>12 b Amount </p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment </p>

DISCLAIMER

The transactions, dealing and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some or many items may have been unintentionally omitted.

Testus W. Joyce
Signature

8-12-05
Date

Name of Person Filing Reed Keldie	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name IBEW Local 461 Welfare Fund Trade Name if any P O Box Bldg Room No if any Suite 100 Street 591 Sullivan Road City Aurora State Illinois ZIP Code + 4 60506 1443	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer					
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing Attended welfare trust meetings <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">11 b Approximate dollar value of such dealing</td> </tr> <tr> <td style="padding: 5px;">12 a Nature of interest held or income received Reimbursed for lost wages</td> </tr> <tr> <td style="padding: 5px;"> <table style="width: 100%;"> <tr> <td style="width: 80%;">12 b Amount</td> <td style="width: 20%; text-align: right;">\$294</td> </tr> </table> </td> </tr> </table>	11 b Approximate dollar value of such dealing	12 a Nature of interest held or income received Reimbursed for lost wages	<table style="width: 100%;"> <tr> <td style="width: 80%;">12 b Amount</td> <td style="width: 20%; text-align: right;">\$294</td> </tr> </table>	12 b Amount	\$294
11 b Approximate dollar value of such dealing						
12 a Nature of interest held or income received Reimbursed for lost wages						
<table style="width: 100%;"> <tr> <td style="width: 80%;">12 b Amount</td> <td style="width: 20%; text-align: right;">\$294</td> </tr> </table>	12 b Amount	\$294				
12 b Amount	\$294					

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment